

#### **Board of Supervisors**

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COUNTY OF LOS ANGELES
DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS
320 WEST TEMPLE STREET, G-10, LOS ANGELES, CA 90012-2706
Phone: (833) 223-RENT (7368) I Website: rent.lacounty.gov

# APPLICATION TO SERVE AS A COMMISSIONER ON THE LOS ANGELES COUNTY RENTAL HOUSING OVERSIGHT COMMISSION

<u>Instructions:</u> Your application to be on the Rental Housing Advisory Commission will **NOT** affect your housing status. Commissioners serve for 3 (three) years.

#### THIS IS NOT AN APPLICATION FOR EMPLOYMENT

- 1. You can apply to serve as a Commissioner if you are at least 18 years of age **and** either:
- <u>A renter</u> whose primary residence is a dwelling unit subject to the Los Angeles County Rent Stabilization Ordinance (RSO) (Los Angeles County Code, Chapter 8.52) or <u>a renter</u> whose primary residence is a mobilehome park space subject to the Los Angeles County Mobilehome Rent Stabilization Ordinance (MRSO) (Los Angeles County Code, Chapter 8.57); members must reside in the unincorporated area of Los Angeles County; or
- <u>An owner</u> of a dwelling unit subject to the RSO or <u>an owner</u> of a mobilehome park that is subject to the MRSO; or
- <u>An individual</u> who is affiliated with an organization that represents the interests of any of the previously mentioned parties.
- 2. Please complete **ALL** sections of this application. If any sections do not apply to you, write **N/A** in the space provided. Use additional sheets if necessary.
- Attach a list of at least two (2) references from individuals who know your experience and involvement in housing-related issues, such as an employer, teacher, social worker, community leader, or friend.
- Attach a resume.
- Return the completed application, references, and resume to:

#### DCBARHOC@DCBA.LACOUNTY.GOV

or

Los Angeles County Department of Consumer and Business Affairs 320 W. Temple Street, G-10
Los Angeles, California 90012
Attention: Housing and Tenant Protections
(833) 223-7368 / 213-974-1452

OPEN UNTIL FILLED
THIS APPLICATION MAY CLOSE WITHOUT NOTICE
PLEASE SEND YOUR APPLICATION AS SOON AS POSSIBLE



## The following apply to me:

I am one of the following or a representative of an organization that represents:				
<ul><li>☐ Tenant(s)</li><li>☐ Mobilehome Owner</li><li>☐ Landlord(s)</li><li>☐ Mobilehome Park C</li></ul>				
If a representative, which organization do you represent?				
If a tenant or mobilehome or live in?	wner, what is the name and address of the buildir	ng or mobilehome park you		
Name and Address	:			
First Name	Middle Name	Last Name		
Street Address:				
City:	State:	Zip Code:		
	(If fewer than 2 years, provide previous address below	).		
Felephone Number:				
Employment Histor	y:			
Current Employer:				
Occupation/Job Title:				
Business Address:				
Business Phone Number:				
evaluating your application.  Availability: Meetings dates and east twice a month and can last will take place at Hall of Records will take place at Hall of Records as well as other locations throug Commission. Are there any reas	attach a resume to this application and provide any information of times have yet to be determined, but we anticipate the several hours. Commissioners are expected to attend in Downtown Los Angeles located at 320 W. Temple shout the County of Los Angeles. Regular attendance is sons why you will not be able to attend meetings on a so, please explain	nat meetings will take place at meetings in person. Meetings Street, Los Angeles, CA 90012, s a requirement to serve on the regular basis?		

### **Additional Information:**

I. List all current professional or community organizations and societies of which you are a member.			
Organization/Society	From (MO/YR)	To (MO/YR)	
II. Describe what you believe the Rental Housi helps Owners and Renters who reside in Los		now you think it	
III. Describe your work experience that qualific include the name of each company, title, dutie			
IV. Why do you wish to serve on the Rental Ho	ousing Oversight Commission?		
I certify that my statements in this application licensing or law enforcement agency, to release about me for the purpose of aiding in the events.	ease any and all information which those a	gencies may have	
Print Name:			
Signature:	Date:		